## PATENT APPLATION FEE DETERMINATION RECO

**Application or Docket Number** 

								10016566					
CLAIMS AS FILED - PART I								SMALL E	- (		OTHE	R THAN	
<u> </u>			(Colum	ın 1)	<del></del>	(Column 2)	<b>–</b>	TYPE	<u> </u>	OR	SMALL	L ENTITY	
TOTAL CLAIMS			-		<u> </u>	·		RATE	FEE	7	RATE	FEE	
FOF			NUMBER	FILED	NU	JMBER EXTRA		BASIC FEE		OR	BASIC FEE		
тот	TAL CHARGEA	BLE CLAIMS	10×2	minus 20 = .		42	]	X \$ 9 =		OR	X \$ 18 =	1-	
	DEPENDENT CL			minus 3 =		5	1	X \$ 44 =		OR	X \$ 88 =	<del>                                     </del>	
		NDENT CLAIM PI					1	+ \$ 150 =		OR	+ \$ 300 =	<del> </del>	
* If	the difference	e in column 1 is	s less than ze	s less than zero, enter "0" in column 2			. د	TOTAL		OR	L	<del> </del>	
	C	CLAIMS AS	AMENDE	D - PAR	(T II							<u> </u>	
_	<del></del>	(Column 1)	-	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	+	Minus	**		=	1 1	X \$ 9 =		OR	X \$ 18 =		
AME	Independent		Minus	***		=		X \$ 44 =		OR	X \$ 88 =		
!	FIRST PRESE	ENTATION OF M	AULTIPLE DEF	PENDENT	CLAIM			+ \$ 150 =		OR	+ \$ 300 =		
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	<u> </u>	
<del></del> -		(Column 1)		(Colum		(Column 3)	_						
ENT B		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	<u> </u>	Minus	**		=		X \$ 9 =		OR	X \$ 18 =		
AME	Independent	*	Minus	***		=		X \$ 44 =		OR	X \$ 88 =		
	FIRST PRESE	ENTATION OF MI	ULTIPLE DEP	ENDENT (	CLAIM		1	+ \$ 150 =		OR	+ \$ 300 =		
			. =				A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Columi	<u> </u>	(Column 3)							
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	BER USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total ·	*	Minus	**		=		X \$ 9 =		OR	X \$ 18 =		
AME	Independent '	·	Minus	***		=	>	X \$ 44 =		OR	X \$ 88 =		
	FIRST PRESEN	NTATION OF MU	ULTIPLE DEP	ENDENT C	CLAIM		+	\$ 150 =		OR -	+ \$ 300 =		
* "	The second party				<del></del>		Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
"" If	If the "Highest Num If the "Highest Num	mn 1 is less than the mber Previously Pai mber Previously Pai nber Previously Paid	aid For" IN THIS S aid For" IN THIS S	SPACE is les SPACE is les	ss than "	'20', enter "20". '3', enter "3".			box in colum		(UDIT. 1 22 <u></u>	<del></del>	